IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE

ANDRE EL Jihad! Bey
183 Horryon Druce

Worchelle Del 1972

(In the space above enter the full name(s) of the plaintiff(s).)

2022 AUG -5 PM 4: 06

22 - 1039
Civ. Action No. _____

-against-

GDI SELVRES INC.

500 Asland Hercites. Rd.

Wilmyton Dol 19808

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section I. Do not include addresses here.)

COMPLAINT

(To be assigned by Clerk's

Office)

(Pro Se)

Jury Demand?

□Yes

□ No

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

If this is an employment discrimination claim or social security claim, please use a different form.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

I. PARTIES IN THIS COMPLAINT

Plaintiff

List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff:	By Andra	R1-51	cd					
	Name (Last, First, MI)							
,	103 Hologer Dr.							
	Street Address	9						
	Mencaste	08	19720					
	County, City	State	Zip Code					
	302 3107347	- T. 11.11	(() 111)					
	Telephone Number	E-mail Addr	ess (if available)					
Defendant(s)								
government agency each defendant car	You should state the full name of y, an organization, a corporation, he served. Make sure that the decove caption. Attach additional sh	, or an individual. I efendant(s) listed be	Include the address where elow are identical to those					
Defendant 1:								
	Name (Last, First)							
	Street Address							
	County, City	State	Zip Code					
Defendant 2:								
	Name (Last, First)		* .					
	Street Address							
	County, City	State	Zip Code					

Defendant(s) (Continued						
Defendant 3:	GDI						
	Name (Last, First)						
	Suite 115 780 Fill TUEMUL King of Prussia						
	Street Address						
	Khy of Pr SSia Peninsylvana 19406 County, City State Zip Code						
	County, City State Zip Code						
Defendant 4:	GDD - LUIS CRUZ						
	Name (Last, First)						
	Street Address						
	County, City State Zip Code						
	County, City State Zip Code						
II. BASIS FO	OR JURISDICTION						
Check the option	that best describes the basis for jurisdiction in your case:						
☐ U.S. Governm	nent Defendant: United States or a federal official or agency is a defendant.						
□ -Diversity of C	itizenship: A matter between individual or corporate citizens of different state tin controversy exceeds \$75,000.	:S					
	tion: Claim arises under the Constitution, laws or treaties of the United States.	,					
If you chose "Fed	eral Question", state which of your federal constitutional or federal statutory						
rights have been v							
11/1/1	I have got wither Paper Medicaco	_					
Acknow	education of Termetron	_					
Defail4	to parties with Contract, Partitant	7 					
Much	1 to Load Onion SOLULOCU 3715	7					
Lett 1	with MO KESPONSE DURMA	7					
Harton	CNSS - Proportiones Contract Page 3 of	o O					
empo	red uccopeling the GAI policy. Page 3 of	0					

III. VENUE

This court can hear cases arising out of the Counties of New Castle, Kent, and Sussex in the State of Delaware.

Under 28 U.S.C § 1391, this is the right court to file your lawsuit if: (1) All defendants live in this state AND at least one of the defendants lives in this district; OR (2) A substantial part of the events you are suing about happened in this district; OR (3) A substantial part of the property that you are suing about is located in this district; OR (4) You are suing the U.S. government or a federal agency or official in their official capacities and you live in this district. Explain why this district court is the proper location to file your lawsuit.

Venue is	appropriate in this Court because:
	This voice is for the purpose
	This volute is for the purpose or feloral ban masser and for constitution Right For (all 250)
	of 544 16.
IV. 5	STATEMENT OF CLAIM
Place(s	of 500 Achter Harces Pol
Date(s)	of occurrence:
	re briefly the FACTS that support your case. Describe how each defendant was lly involved in the alleged wrongful actions.
FACTS	CHEMA Folkes-MANNER
Vhat appened to	GDIH.R. Diector MANAGER
ou?	CHOILH FOLKES-15 the Horry purange
•	to 1013 CEVI ME management
	Page 4 of 8

(Del. Rev. 11/14) Pro Se General Complaint Form Was anyone else involved?

Page 5 of 8

(Del. Rev. 11/14) Pro Se General Complaint Form Who did what?

V. INJURIES

If you sustained injuries related to the events alleged above, describe them here.
All Personal Bills and ongoing existing ashiracks of the parties were establish and Basol on my Employment to wrest my daily from sachions for personal Living. The Default by UDI Services, Delayed Ail. I was established by UDI Services, Delayed Ail. I was established estables from my was established estables of the stolage and Default put me in Considerable Debt. And I help take care of an Eldery. What depended on me for facel cheller stockhold.
VI. RELIEF
The relief I want the court to order is:
2000
☐ Money damages in the amount of: \$ 50,000
Other (explain):
Because Every him, was in a good Alignment with the formulas Before the Default of Descriptant Mis management of Descriptant, After Reporting the Veievance to the I Should Receive this because to Hap to supplement with Another Jub which manies was gant to Color Lamages of Late Feets and

VII. CLOSING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; and (3) complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	FAd	REXEL-	Jihaliber
Dated	Plaintiff's	Signature	
Reg: Birdne	El- Jihad		
Printed Name (Last, First, MI)			
18 Hower Drive	Herengthe	D6 1	4720
Address	City	State	Zip Code
3223/0 7347 - 300	(154-3748		
Telephone Number	E-mail Ad	dress (if availab	le)

List the same information for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.